

MEDICARE PART D ATTESTATION

Instructions: Providers may submit the Medicare Part D Attestation and paper drug claim to: Wisconsin Medicaid, Pharmacy Special Handling Unit, Suite 20, 6406 Bridge Road, Madison, WI 53784-0020. Type or print clearly.

NOTE: Providers should make sure claims were submitted to the appropriate payer. Medicare Part B continues to cover physician-administered drugs, including injectable, intravenous, and oral drugs for the treatment of cancer.

SECTION I — PROVIDER INFORMATION

Wisconsin Medicaid Provider Number

Telephone Number — Provider

SECTION II — MEDICAID RECIPIENT INFORMATION

Name — Medicaid Recipient (Last, First, Middle Initial)

Recipient Medicaid Identification Number

SECTION III — REASON FOR REQUEST

Check the box before the statement that best describes the situation for the named recipient. Choose one.

☐ Eligibility Issue.

Could not determine recipient's Medicare Part D eligibility after a reasonable attempt to do all of the following:

- ✓ Request a Medicare Prescription Drug Plan (PDP) card or PDP acknowledgement letter from the recipient.
- ✓ Perform an E1 transaction to identify a Medicare Part D plan.
- ✓ Call the dedicated Medicare Pharmacy Hotline at (866) 835-7595 to identify or confirm the recipient's PDP.

☐ Billing Issue.

Could not get payment resolution from Medicare Part D PDP.

The Medicare Part D PDP is not honoring the federally required transition policy and is denying coverage of a non-formulary drug needed by the recipient.

Submitted the claim to the Point-of-Sale (POS) Contractor, Wellpoint, and Wellpoint denied the claim.

☐ Coordination of Benefits Issue.

The Medicare Part D PDP is returning incorrect cost sharing amount for a dual eligible. (Cost sharing for a dual eligible should never exceed a \$5.00 copayment on a single prescription.)

SECTION IV — CERTIFICATION

I attest that I have attempted to follow the Medicare Part D policies and processes to submit a claim to Medicare Part D PDP for the above dual eligible, but all good faith efforts have failed to result in approval or appropriate payment of the claim for services by Medicare Part D.

SIGNATURE — Pharmacist

Date Signed